

# PLUMBING PERMIT

DATE \_\_\_\_\_

CITY OF MALVERN

PERMIT # \_\_\_\_\_

OWNER:	CONTRACTOR:
ADDRESS:	ADDRESS:
JOB LOCATION:	PLUMBER'S # :

RESIDENTIAL\_\_\_\_ COMMERCIAL\_\_\_\_ INDUSTRIAL\_\_\_\_ NEW CONSTRUCTION\_\_\_\_

TYPE OF FIXTURE OR DEVICE	Qty.	COST		
Automatic Washing Machine		x \$3.00	=	\$
Bath Tub and or Shower		x \$3.00	=	\$
Dishwashing Machines		x \$3.00	=	\$
Floor Drain & Trap		x \$3.00	=	\$
Hot Water Tank		x \$3.00	=	\$
Lavatory		x \$3.00	=	\$
Drinking Fountain		x \$3.00	=	\$
RPZ		x \$6.00	=	\$
Sink, Kitchen		x \$3.00	=	\$
Water Closet(tank or flush valve)		x \$3.00	=	\$
Water		x \$6.00	=	\$
Sewer		x \$6.00	=	\$
Urinals		x \$3.00	=	\$
Gas Test or Rough-In		x \$12.00	=	\$
Gas Outlets		x \$3.00	=	\$
Grease Trap		x \$6.00	=	\$
Irrigation Fee(inspection Fee Only)		\$20.00	=	\$
		Sub Total:	\$	
		Other:	\$	
		Inspection Fee	\$20.00	
		Total	\$	

Minimum Fee \$20.00 (Smoke Test or Sewer Line \$20.00 Flat Rate)

It is understood and agreed that all plumbing will be done in strict accordance with City and State Regulations and that \$20.00 minimum will be paid by Plumber for inspection fee plus the cost for each additional fixture.

## **ALL STATE AND FEDERAL LICENSING REGULATIONS MUST BE FOLLOWED**

Plumber \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_